

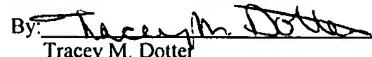


IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant: SHIROFF et al. Examiner: Truong, K.  
Serial No.: 10/625,833 Group Art Unit: 3734  
Filed: July 23, 2003 Docket No.: GUID.614PA  
(03-517)

Title: SUBCUTANEOUS DISSECTION TOOL INCORPORATING PHARMACOLOGICAL AGENT DELIVERY

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this Transmittal Letter and the papers, as described herein, are being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 29, 2007.

By:   
Tracey M. Dotter

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT  
UNDER 37 C.F.R. §1.97(c)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicants respectfully submit the item of information on the enclosed Form 1449 for the attention of the Examiner in the above-identified application.

This statement should be considered because it is submitted after the mailing date of the first Office Action on the merits but before the mailing date of a final Office Action under 37 C.F.R. §1.113 or a Notice of Allowance under 37 C.F.R. §1.311. Please charge Deposit Account 50-3581 (GUID.614PA) the amount of \$180.00 under 37 C.F.R. §1.17(p) for consideration of the item.

Applicant has not provided a copy of the U.S. publication/patents listed on the enclosed Form 1449 in accordance with 37 C.F.R. §1.98(a)(2).

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61 10625833 180.00 DA

No representation is made that the reference is "prior art" within the meaning of 35 U.S.C. §§102 and 103. In addition, Applicant does not represent that a reference has

been thoroughly reviewed or that any relevance of any portion of a reference is intended, and reserve the right to establish otherwise under 37 C.F.R. §1.131 or others.

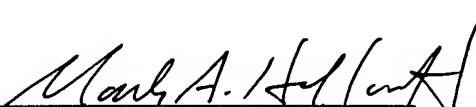
Consideration of the items listed is respectfully requested. According to MPEP §609, Applicant requests that the Examiner return a copy of the attached Form 1449, marked as being considered and initialed by the Examiner, to the undersigned with the next official communication.

Authorization is hereby given to charge any additional fees or credit any overpayments that may be deemed necessary to Deposit Account Number 50-3581 (GUID.614PA).

Respectfully submitted,

HOLLINGSWORTH & FUNK, LLC  
8009 34<sup>th</sup> Avenue South, Suite 125  
Minneapolis, MN 55425  
952.854.2700

Date: 11-28-07

By:   
Mark A. Hollingsworth  
Reg. No. 38.491